



OFFICE OF THE STATE FIRE MARSHAL
PIPELINE SAFETY DIVISION
 P.O. Box 944246
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 Tel: (916)445-8477

Appendix A - Test Notification Format

**NOTIFICATION OF PROPOSED PIG RUN
OR HYDROSTATIC TEST**

Date:

CSFM ID#:	Request Date:	Test Date:	Start Test Time:	Report Due Date:
Est. Time of Test: <input type="checkbox"/> 4 Hours <input type="checkbox"/> 8 Hours		Independent Testing Firm:		
Facility ID#:			<input type="checkbox"/> Notify the local Fire Department at least 3 working days prior to the Hydrostatic Test.	
Line ID #:			INSP Unit #:	
Kind of Test: <input type="checkbox"/> 2 Yrs <input type="checkbox"/> 5 Yrs (CA) <input type="checkbox"/> New Line <input type="checkbox"/> Part 195 <input type="checkbox"/> Pre-Tested Pipe <input type="checkbox"/> Replacement/Relocation <input type="checkbox"/> Station Pipe (inc. Valve, Receiver)				
Hydrotest: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Medium: <input type="checkbox"/> Water <input type="checkbox"/> Jet Fuel <input type="checkbox"/> Diesel <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Crude <input type="checkbox"/> Other <input type="checkbox"/> None/Unknown		
Pig Run: <input type="checkbox"/> Yes <input type="checkbox"/> No		Pig Run Code: <input type="checkbox"/> Deformation <input type="checkbox"/> Metal Loss <input type="checkbox"/> Other <input type="checkbox"/> None/Unknown		
Test Length (in Feet):	Test Pressure (psig):	MOP Max. Pressure (psig):	Test Cycle (yrs):	
Lat/Long Position: Begin from: Lat.: End To: Lat.: (Require Information must be include on the report.) Long.: Long.:				
Test Equipments Location:				
if other than water, has waiver been granted?: <input type="checkbox"/> Yes <input type="checkbox"/> No			Waiver Date:	
Comments (additional Information):				
Office of Pipeline Safety Use Only.				
Assigned to Engineer Date:	Engineer:	Review Date:	Responded Date:	
Report Received Date:	Report Overdue:	Next Test Date:		
Test Result: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Unknown		Leak During Hydro/Pig Run Test: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Call Received By:		Person Calling:		
		Phone #: Fax #:		

*** Return this form with the report to the Office of the State Fire Marshal - Pipeline Safety Division**